Evaluation of Adolescent Alcohol and Other Drug Abuse Program In Forest, Oneida and Vilas Counties

Department of Health and Family Services
Office of Strategic Finance
Program Evaluation and Audit Section

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Program Evaluation and Audit Section
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Executive Summary

The Adolescent Alcohol and Other Drug Abuse Program in Forest, Oneida and Vilas counties was reviewed to determine how accountability for the program could be improved. We found that the program has not been meeting the State/County contract requirements for reporting but that procedures have recently been implemented to improve reporting in the future. Potential sources of information for evaluating program effectiveness in the future include:

- Reporting requirements for providers specified in county agency purchase of service contract provisions;
- State/County contract requirements for reporting, including the HSRS system and state required quarterly and annual progress reports;
- The Adolescent Outcomes Profile for Substance Abuse Treatment Programs, a pilot instrument used in a recent evaluation of adolescent substance abuse treatment centers in the state; and
- The POSIT, an electronic screening and assessment tool being used in the Juvenile Justice Pilot program operated in Forest, Oneida and Vilas counties.

The report recommends that if this $50,000 allocation is retained in the future, counties should be held accountable for reporting on HSRS or for completing the Adolescent Outcomes Profile for Substance Abuse Treatment Programs on a pre and post basis for all youth served. The report also recommends that current State/County contract provisions requiring counties to submit quarterly and annual progress reports should be implemented or the requirement should be deleted from the State/County contract addendum for the $50,000 allocation.

The $50,000 Adolescent AODA treatment SAPT block grant allocation is small in comparison to the $140,448 Juvenile Justice Pilot program allocation to Forest, Oneida and Vilas counties. In the past the $50,000 grant was primarily used to provide AODA treatment to youth identified through the Juvenile Justice Pilot program. In the future Forest, Oneida and Vilas counties plan to accept referrals from more sources in order to better serve the adolescent population in need of substance abuse services in the tri-county area. The $50,000 grant may also be used to support substance abuse outreach and community education as well as adolescent substance abuse treatment in the future. Because the program will be more accountable if its mission and services are clearly defined, it is recommended that Central Office staff work with Human Service Center staff to ensure that these funds are used for adolescent substance abuse treatment rather than for related objectives such as prevention or community education efforts. It is estimated that if the $50,000 grant was used solely for substance abuse treatment it could fund services for approximately 33 youth per year, based on the estimated average outpatient treatment cost of $1500 per youth. Program staff report that there are very limited resources available in the counties to support adolescent substance abuse treatment and that there is a great need for this service.

Available HSRS data provides an incomplete picture of the youth receiving substance abuse services through this allocation. Information reported on HSRS was reviewed to compare overall service rates and outcomes for all adolescent clients in Forest, Oneida and Vilas counties and in three similar counties (Ashland, Oconto and Price counties). Forest, Oneida and Vilas counties served a greater percentage of the adolescent population, but the programs were not more effective based on the percent of clients discharged with improvement or abstinent at discharge.

Future Funding and Program Requirements

In response to this evaluation the Department elected to allow funding for these programs to continue for an additional year with the following conditions:

- Improved outcomes and measurements for outreach and prevention activities.
- Use of evidence based practices for screening and treatment, including the use of the POSIT and GAIN screening and assessment tools.
- Reporting clients served on HSRS or use of the Adolescent Outcomes Profile for Substance Abuse Treatment Programs on a pre and post basis for youth served to obtain information to evaluate the effectiveness of services.
- Consistent documentation of efforts.

In 2006 Department staff will be identifying key indicators of need in the area of substance abuse treatment and develop a proposal for 2007 county funding allocations, including the use of SAPT block grant funds currently used to fund the Adolescent Alcohol and Other Drug Abuse Program in Forest, Oneida and Vilas counties.

Introduction

Categorical funding for adolescent substance abuse treatment was authorized in 1989 Wisconsin Act 31 nonstatutory provisions. Section 3023 (22x) (a) 6 specified that: "In each of state fiscal years 1989-90 and 1990-91 expend $50,000 for an adolescent alcohol and other drug abuse treatment center in Woodruff."

The residential treatment center in Woodruff closed a number of years ago. After it closed, the Department continued to provide the $50,000 allocation to Forest, Oneida and Vilas counties for adolescent substance abuse treatment. Each year $50,000 of the state's federal Substance Abuse Prevention and Treatment (SAPT) block grant is allocated to the combined 51 Board for Forest, Oneida and Vilas counties through the State/County Contract. The program is referred to as the Adolescent Alcohol and Other Drug Abuse (AODA) Treatment Program. The funding is administered by the Human Service Center in Rhinelander.

The Office of Strategic Finance Program Evaluation and Audit Section was asked to determine how the Adolescent AODA Treatment Program can be more outcome-driven and performance accountable. To address this question, we reviewed program documents, interviewed central office, visited the Human Service Center in Rhinelander to interview Human Service Center (HSC) staff and reviewed client-specific information from HSRS and other county records.

Context

Program Requirements

The $50,000 Adolescent AODA Treatment allocation is provided to pay for adolescent AODA treatment.[1] Current State/County Contract provisions allow it to be used for outpatient or inpatient treatment. However, hospital inpatient services can only be funded if they meet certain conditions.[2] Consistent with federal AODA block grant requirements, State/County Contract provisions require that pregnant women be given priority for services. They also include prohibitions against providing hypodermic needles or syringes for illegal drug use and funding inherently religious activities.

Counties are required to report expenditures on the state's community aids reporting system (CARS) using Profile 588, to enter individual service information in the state's human service reporting system (HSRS), and to submit quarterly and program and progress reports using the state form (DSL #389).

Adolescent AODA Treatment Program services are expected to be coordinated with the adolescent juvenile court program serving individuals who are identified as being in need of education or treatment.[3]

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[1] State/ County Contract addendum for program.

[2] These include a primary diagnosis of substance abuse, the service can reasonably be expected to improve the individual's condition or level of functioning, the hospital-based program follows national standards and the daily rate is not greater than the comparable daily rate for community based non-hospital residential programs.

[3] Department of Health and Family Services, Division of Disability and Elder Services, Bureau of Mental Health and Substance Abuse Services, Substance Abuse Services in Wisconsin, 2003 Annual Report to the Governor, September 2004. (DRAFT) page 25.

Related AODA Resources in the Tri-County Area

Adolescent Juvenile Justice Pilot Projects

Forest, Oneida and Vilas counties receive $140,448 for a Juvenile Justice Pilot project. Counties participating in the juvenile justice pilot project are required to screen certain persons as they enter the juvenile court system and to provide for assessments and participation in an education program or outpatient treatment (if indicated by the assessment). Eight counties in addition to Forest, Oneida and Vilas counties receive this pilot funding.[4] Program statistics reported for the Juvenile Justice Program in the tri-county area for CY 2003 show 337 youth screened, with 166 of these screens identifying AODA issues. In total, 135 of the youth screened were referred for services and 91 were seen. Five of these 91 were referred for mental health services. The majority were referred for education or treatment services.

Project "Fresh Light"

Recently the Department received a federal grant for $1.2 million to address substance abuse in adolescents. Project "Fresh Light" initially is starting in 11 counties including Forest, Oneida and Vilas counties. It is expected to expand to 21 counties by 2008. The federal funding will be used to fund a full-time adolescent treatment coordinator in the Department. It also will be used to train treatment providers and support improvements in the infrastructure for adolescent substance abuse treatment. Project "Fresh Light" is a system change effort; none of the funds under this grant will be used to directly fund substance abuse treatment for youth.

Urban Rural Women's AODA Treatment

Forest, Oneida and Vilas counties also receive $401,574 for the Urban Rural Women's AODA Treatment Program. However, these funds are provided to serve women; thus it is not a resource that can be used to provide substance abuse treatment to pregnant teens or teen mothers.

Per Capita AODA Funding in the Tri-County Area

The following table summarizes substance abuse service funding the Department allocates directly to individual counties. It includes funds from the federal Substance Abuse Prevention and Treatment block grant as well as funds from a number of other funding sources such as the Juvenile Justice Pilot project which the Department distributes to individual counties. (A complete listing of each of the funding sources provided to individual counties appears in the appendix to this report.) Overall the per capita funding for substance abuse services from these sources in Forest, Oneida, and Vilas counties ($13.42) is considerably greater than the statewide average of $4.73. Without the $50,000 adolescent treatment grant, the per capita funding would be reduced to $12.71, still considerably above the statewide average.

[4] Wisconsin Legislative Fiscal Bureau, Informational Paper, Substance Abuse Programs # 51, January 2001. Page 14.

Per Capita Funding

County Unit	Population Jan 2004	AODA Allocation 2005-2006	AODA Allocation Per Capita
Forest County	10,198	$50,000	
Oneida County	37,726	$161,098	
Vilas County	21,966	-0-	
Forest/Oneida/Vilas		$727,328	
Subtotal F-O-V	69,890	$938,526	**$13.42**
All Other Counties	5,463,065	$25,227,846	$4.62
Statewide	5,532,955	$26,166,372	**$4.73**

Programs included in the AODA allocation for other counties are shown in the appendix. For Forest, Oneida, Vilas this includes : Forest County (Brighter Futures, $50,000), Oneida County (Intoxicated Driver Program, $161,098); Forest/Oneida/Vilas (AODA block grant $135,306; Urban Rural Women's AODA Treatment $401,574; Juvenile Justice $140,448; and the $50,000 Adolescent Substance Abuse Treatment program).

Program Operation

Contracts with Service Providers

The Human Service Center currently contracts with three providers for outpatient adolescent substance abuse treatment. These include the Transitions Center in Rhinelander, Howard Young Medical Center's Koller Behavioral Health Clinic in Woodruff, and the Family Resource Center in Lac du Flambeau. These providers were selected through a RFP process, and staff expect that they will be contracting with additional providers in the near future. The outpatient treatment service contract with Koller Behavioral Health covers both adult and adolescent outpatient treatment. The contracts with the other two providers just specify outpatient treatment.

The Family Resource Center contract also covers group therapy. In addition to outpatient treatment and group therapy, the contract with Koller Behavioral Health also includes services for the Women's Rural Grant project, Intervention Services, Prevention Services and the Juvenile Justice Grant. Intervention Services were contracted for through the end of February 2005; Prevention Services and the Juvenile Justice grant were contracted for through the end of June 2005. All other services are contracted for on an annual basis through the end of 2005.

Human Service Center CY 2005 Contracts with Adolescent AODA Service Providers

AODA Service	Koller Behavioral Health	Transitions Center	Family Resource Center
Outpatient Services (Adult)	$97,500.00		
Outpatient Services (Adolescent)	$7,500.00		
Outpatient Services		$33,975.00	$24,975.00
Women's Rural Grant Project Outpatient Services	$305,986.00		
Group (Adult)	$30,000.00		
Group (Adolescent)	$12,000.00		
Group		$0	$9,000.00
Intervention	$11,333.32		
Prevention	$8,749.98		

Expenditures

Typically all of the $50,000 Adolescent AODA Treatment Program allocation is expended. A review of CARS 610 reports shows that all of the $50,000 allocation was spent in 2003 and 2004 and that by the end of September $29,169 of the $50,000 had been expended.

Program Design

Program staff report that major changes were implemented in the Adolescent AODA Treatment Program starting in August of 2005. These changes affect who receives services from the grant, the type of services provided, as well as reporting and accountability for the grant.

Prior to August of 2005, the Human Service Center contracted with Koller Behavioral Health to operate the $50,000 grant. Koller Behavioral Health used the funds solely to serve adjudicated youth referred from court. Youth referred by the court were assessed by Koller Behavioral Health. Youth who were determined to need substance abuse treatment received treatment funded by the grant if they lacked insurance and were not eligible for Medicaid. Part of the grant was also used by Koller Behavioral Health to provide adolescent substance abuse prevention and intervention services.

The 2005 application submitted by the Human Service Center for the $50,000 Adolescent AODA Treatment allocation shows the following allocation of funds to the various categories of service among the contracted service providers at the time the application was prepared. This budget indicates that $23,500, or approximately half of the money budgeted for services, would be used for intervention and prevention, and that $24,000 would be used for adolescent substance abuse treatment. The remaining $2,500 of the $50,000 allocation was retained at the Human Service Center to fund part of the salary of project director at that time and for administrative expenses such as IT Development.

Human Service Center CY 2005 Application for Adolescent Treatment $50,000 Allocation

Category of Service	Amount	Contract Provider
Intervention	$19,500	Koller Behavioral Health Family Resource Center Others
OP Treatment	$9,750	Koller Behavioral Health Family Resource Center Others
Prevention	$4,000	Human Service Center
Treatment	$14,250	Other Providers
Total	$47,500	

In August of 2005, the Human Service Center hired an adolescent substance abuse treatment case manager and discontinued the contract with Koller Behavioral Health to operate the $50,000 grant. The new case manager's responsibilities include assessing the service needs of youth who are screened and referred by a number of agencies in the tri-county area such as local schools and child welfare agencies as well as by the courts**.** It is expected that accepting referrals from more sources than just the court system will make it possible to better serve the adolescent population in need of substance abuse services in the tri-county area.

Because the assessment will consider family, health and other needs, it is expected to generate service referrals to meet all of the identified needs for the youth and his/her family. Overall the revised program is expected to result in more integrated wrap-around services for youth.

Staff indicate that in the future in addition to funding adolescent outpatient substance abuse treatment, the grant may also be used to support substance abuse outreach and community education. This would make it possible to reach a larger population of youth. The current $50,000 grant is roughly equivalent to the amount of funds needed to provide outpatient treatment to 33 youth per year, based on the estimated average outpatient treatment cost of $1500 per youth.

Eligibility Criteria for Youth Served

Program staff report that in the revised program the allocation will be used to provide substance abuse outpatient treatment to youth who are not eligible for Medicaid and who lack other insurance. This is the same fiscal criteria used to determine youth eligible to receive outpatient treatment through the grant in the past. [5] However, as noted above, the program will not be

[5] The 2005 Application stated that "We currently fund only those cases which can demonstrate that absolutely no other possibilities have been successful."

limited to serving youth referred from the court system; thus there will be a change in the population of youth served.

Reporting and Accountability

It is expected that the revised program design also will provide better accountability for the grant. In the past if an adjudicated youth referred to Koller Behavioral Health received outpatient substance abuse treatment, he/she was entered into the state's Human Service Reporting System, HSRS. However for youth who received intervention or prevention services, Koller Behavioral Health only provided a list of the names of the youth served to the Human Service Center.

Under the new program design, each of the youth assessed by the adolescent substance abuse treatment case manager will be opened as a case on HSRS. This will make it possible to use HSRS to track all youth who are assessed.

The Human Service Center also recently added additional expectations for reporting for providers. These expectations are specified in the "Outpatient Treatment Services Authorization Procedure" issued September 1, 2005. The outpatient authorization procedure requires that service providers complete HSRS forms on all clients and fax them to the Human Service Center AODA Services Secretary. [6] When a client has completed treatment or is discharged, the provider is expected to send a copy of the HSRS form filled out with the closing information to the Human Service Center, care of the HSRS Specialist. If HSRS forms are not filled out, filled out incorrectly, or not filled out completely, bills submitted by providers will not be paid. Staff report that these procedures have been implemented and that providers are complying with the new requirements.

Providers are also required to submit a Discharge Summary that includes a description of progress and gains made and issues or treatment plan areas still needing attention.

The Human Service Center Authorization Procedure also requires that "services and programs will have a follow-up process which will track successful and non-successful outcomes of your services and which will strive to contact past clients and offer them additional services or help if indicated. Additionally, the follow up process will be designed to evaluate and measure quality of services." Providers are required to provide the results of these follow up efforts to the Human Service Center on an annual basis. However the follow-up requirement applies to all clients served by the provider; thus information specific to the Adolescent AODA Treatment Program is not required to be provided.

Another mechanism to achieve accountability is the "Outpatient AODA Programs/Services Admissions Additional Authorization Form." The additional authorization form specifically requires the provider to describe the client's progress as related to the treatment plan. This form is used for any clients that require more services than authorized by the "Initial Authorization Form."

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[6] For self-referred clients it is expected that this form will be received along with the "Initial Authorization Form" after the second session. The initial 1-2 sessions to provide evaluation and assessment services for self-referred clients are automatically authorized as long as the Authorization form is received after the second session.

Human Service Center staff indicate that they can review information from the initial and additional outpatient treatment authorization reports to get a sense of what type of services are effective for adolescents and that this information can be used to improve service procurement in the future.

Options for Evaluating Program Effectiveness

Four sources of potential information for evaluating program effectiveness were identified. These included :

1) local reporting per contract provisions,
2) state-required reporting specified in the state county contract. This includes using required state forms for quarterly or annual progress reports and reporting on the state's human service reporting system (HSRS);
3) the Adolescent Outcomes Profile for Substance Abuse Treatment Programs, a pilot instrument recently used to evaluate six adolescent treatment centers in the state; and
4) the POSIT, an electronic screening and assessment tool being used in the Juvenile Justice Pilot program.

Local Reporting Per Contract Provisions

The contracts the Human Service Center has with service providers using funds under the $50,000 Adolescent Treatment AODA Program allocation were reviewed. Expectations for providers related to reporting and evaluation in these contracts included a general requirement that the provider "comply with the reporting requirements of the purchaser." The contract does not specify any mechanism for meeting these reporting requirements. It also does not mention the requirement to report on HSRS that is included in the initial authorization policy of the Human Service Center.

State Required Progress Reports

The State/County Contract addendum for the Adolescent Substance Abuse Treatment $50,000 allocation requires counties to submit quarterly and annual program progress reports using the state form (DSL #389). However the contract officer for this program was not able to locate any reports completed with these forms or any other quarterly or annual progress reports for this $50,000 allocation.

HSRS Data

The State /County Contract addendum for the Adolescent Substance Abuse Treatment Program allocation requires counties to report information on clients served with these funds using the state's Human Service Reporting system (HSRS). Currently the information reported on HSRS provides an incomplete picture of the youth receiving substance abuse services through this allocation.

First, as noted earlier, reporting practices in Forest, Oneida and Vilas counties prior to September 2005 resulted in only some of the youth (those receiving outpatient substance abuse treatment) being reported on.

Secondly, there is no way currently to determine which of the youth who are reported on HSRS as receiving outpatient substance abuse treatment in Forest, Oneida and Vilas counties received services funded through this grant. There is no code in HSRS to identify individual youth who are served using this $50,000 allocation, and project counties are not required to report HSRS identifying numbers for the adolescents served through this allocation to the contract manager for this grant.

Finally, it is likely that some of the adolescents reported as receiving substance abuse services in the project counties (Forest, Oneida and Vilas) may have received services funded with other resources (such as the $135,306 AODA block grant for example) rather than, or in addition to, the $50,000 allocation for adolescent substance abuse services.

Because it is not possible to specifically identify youth who were served as a result of this grant, HSRS information currently cannot be used to evaluate the effectiveness of this grant. However the information currently reported on HSRS can be used to compare overall service rates in project counties and similar non-project counties. It also can be used to describe service outcomes for adolescents in project counties and in similar non project counties. This descriptive information illustrates some of the outcome information that might be obtained from HSRS if project counties were required to provide the HSRS identifying numbers for youth served under the grant, or, alternatively, if a code was added to HSRS to identify the adolescents receiving services through the grant. In addition to this information, HSRS can also provide information on factors such as family relationships, education, employment status, the nature of the substance problems and client characteristics.

The following summary shows all adolescents served in the project versus comparison counties and selected outcomes for all adolescents receiving substance abuse services in the project versus the comparison counties in recent years.[7] Because HSRS does not have a code for reporting participants specifically for Forest, Oneida and Vilas counties, this summary shows the total for the 3-county area. [8] For comparison purposes, data was also summarized for three similar counties. The counties selected were Ashland, Oconto and Price counties.

Service Rates

The following tables show the size of the adolescent population in the project versus these comparison counties, the number of adolescents served each year and the combined project and comparison county service rates.

The project county area served a greater percentage of the adolescent population than the 3-county comparison area and there has been a significant decline in the percent of the adolescent population being served in the 3-county comparison area from 2003 to 2004. It is not known why this decline occurred. Because only three years of data is presented, it may be that this simply reflects normal variability in the annual county service rates.

[7] The HSRS data summarized here and in the following section of this report was provided by Mike Quirke of the Division of Disability and Elder Services.

[8] There is a code for county of residence on HSRS, but it is optional and often is not reported.

Adolescent Population (Less than Age 18)

County	2002	2003	2004
Forest	2384	2323	2296
Oneida	7772	7598	7322
Vilas	4286	4197	4112
Total Project Counties	14,442	14,118	13,730
Ashland	4086	3982	3943
Oconto	8913	8708	8485
Price	3428	3317	3189
Total Comparison Counties	16,427	16,007	15,617

Calculated from: U.S. Census July 1 estimates: CC-EST2004-agesex (ST_FIPS) Annual Estimates of the population by Selected Age Groups and Sex for Counties April 1, 2000 to July 1, 2004.

Adolescents Receiving Substance Abuse Services

County	Adolescent Clients Served*				
	2002	2003	2004	Total	Unduplicated Total (2002-04)**
Forest-Oneida-Vilas	70	66	62	198	162
Price, Oconto, Ashland	63	40	21	124	100

*Includes admissions during the year and any cases open prior to the year still open for part or all of the year.

** Individuals are counted only once even if they were served for more than 1 year.

Adolescent AODA Service Rate: Number of Adolescents Served per 1,000 Population Less than Age 18

County	2002	2003	2004
Forest, Oneida Vilas Counties	4.85	4.67	4.52
Ashland, Oconto, Price Counties	3.84	2.50	1.34

Calculation using county population < 18 years of age and unduplicated count of adolescents served.

Outcome Information from HSRS

Following is a summary of selected outcome information from HSRS. It indicates that fewer of the clients discharged in the 3-county project area were discharged "with improvement" or "abstinent" at discharge. The percent of clients discharged with improvement is a standard HSRS report that is produced because treatment completion correlates with other positive post-discharge consumer outcomes such as reduced substance use and crime and improved social functioning. [9]

Program Status of Adolescents Served 2002-2004

County	Total Clients Served*	Still Active	Discharged
Forest-Oneida-Vilas	162	18	144
Price, Oconto, Ashland	100	0	100

*Unduplicated count across years includes admissions during the year and any cases open prior to the year still open for part or all of the year.
** Includes completed service with major or moderate improvement, HSRS codes 1 and 2.
*** Clients discharged who completed treatment with no positive change or were discharged for other reasons.

Program Outcomes for Adolescents Discharged 2002-2004

County	Total Discharged	Completed Treatment with Improvement*		Other Discharge***
		Total	*Abstinent*	
Forest-Oneida-Vilas	144	62 (43%)	*53 (37%)*	82 (57%)
Price, Oconto, Ashland	100	57 (57%)	*52 (52%)*	43 (43%)

* Includes completed service with "major" or "moderate" improvement, HSRS codes 1 and 2.
** Clients discharged who completed treatment with no positive change or who were discharged for other reasons.

Adolescent Outcomes Profile for Substance Abuse Treatment Programs

A second potential source of information to assess the effectiveness of substance abuse services provided to adolescents through the Adolescent AODA Treatment Program is the tool developed for the Adolescent Treatment Outcomes Study. This study was conducted by the Department in June 2005 to demonstrate the effectiveness of substance abuse treatment for youth. It was a collaborative study between the Department and six adolescent treatment

[9] "On-Line HSRS AODA Module Reports"
http://dhfs.wisconsin.gov/hsrs/HSRS%20AODA%20Module%20Reports.htm

centers. The study found that adolescent AODA treatment programs are effective. Overall 71% of the adolescents included in the study who were discharged completed treatment with "major" or "moderate" improvement, and the adjusted rate of post- discharge abstinence (39%) compared favorably with published studies (average 35.2%).[10]

None of the six centers included in this pilot study were located in Forest, Oneida or Vilas counties. However the form used to collect information for the study, the "Adolescent Outcomes Profile for Substance Abuse Treatment Programs" was administered to some of the adolescents receiving substance abuse outpatient treatment through the $50,000 Adolescent AODA Treatment allocation. This was done in response to a request from the Department's contract manager for the Adolescent AODA Treatment Program. Koller Behavioral Health staff submitted completed forms for 56 youth receiving substance abuse outpatient treatment from one counselor serving referrals from the court through the Juvenile Justice Pilot Project. Thus the forms do not include self-referrals, school referrals, or family referrals that potentially could be served with the $50,000 Adolescent AODA Treatment Program allocation in the future.

The tool was administered to participants at admission and at discharge but not at the 4-to-6 month post discharge period that also was used to collect data for the Department's study. The form provides information in the following categories:

- Positive perception of services received
- Safe, stable recovery-appropriate home
- Positive family interactions or relationships
- Motivated to recover
- Abstinent or reduced use of substances
- No new or reduced contact with the juvenile or criminal justice system.

The form potentially could be used to evaluate the effectiveness of the Adolescent AODA Treatment Program by itself or in addition to HSRS reporting. However, if it is used in addition to HSRS reporting, it will duplicate information on abstinence and reduced substance use currently reported on HSRS. (A copy of the form appears in the appendix.)

POSIT Screen

A third possible source of information that could be used to evaluate the effectiveness of the Adolescent AODA Treatment Program is the electronic screening/assessment form POSIT. Related to the Juvenile Justice Pilot project, the Human Service Center is implementing electronic screening and assessment of adjudicated youth who are demonstrating risk factors and could benefit from mental health and/or AODA services. The 2005 Adolescent AODA Treatment Program Application indicated that the goal is to screen every youth who is referred to juvenile court.

The POSIT form assesses youth in a number of areas. These include:

- Substance use/abuse
- Physical Health Status
- Mental Health Status
- Family Relationships
- Peer Relations

[10] Wisconsin Department of Health and Family Services, Division of Disability and Elder Services, Adolescent Treatment Outcomes Study, Demonstrating the Effectiveness of Substance Abuse Treatment for Youth. June 2005.

- Educational Status
- Vocational Status
- Social skills
- Leisure and Recreation
- Aggressive Behavior/Delinquency

The adolescent and parent forms of this screening device were developed for use in the tri-county project area as part of the Juvenile Justice Pilot project. The third version of the POSIT, the Follow-Up POSIT, is for post-intervention. The Human Service Center is implementing an automated system for doing POSITs in each of the counties and reporting results directly back to the grant administrator.[11]

The 2005 application for the Adolescent AODA Treatment Program from Forest, Oneida and Vilas counties indicates that the "primary evaluation process that will be undertaken in 2005 is to maximize the use of the electronic POSIT as both a screening tool, but also as a data gathering and analyzing system." The application further notes that "a current lack in the project is the ability to track and follow-up on youth who have been identified and received additional services as a result of the project. Follow-up of treatment services has always been a difficult and somewhat subjective effort for AODA service providers. However, the project will work with partner providers to collect and report on juveniles who have been involved in the project in the best way possible given available resources."

Human Service Center staff responsible for the Adolescent AODA Treatment Program currently have a different view of how the POSIT should be used for the Adolescent AODA Treatment Program. They note that the POSIT is a screening tool and expect that youth identified at risk of substance abuse will be referred to the Human Service Center case manager for adolescent substance abuse treatment for further assessment. They do not expect that the POSIT would be re-administered following treatment to demonstrate improvement/reduction of risk for substance abuse.

Conclusions/Recommendations

The funding provided under this grant has been used to provide substance abuse services to youth who lack insurance and do not qualify for Medicaid. Although there are other resources to support adolescent substance abuse services in Forest, Oneida and Vilas counties, without the $50,000 allocation for adolescent substance abuse treatment, it is likely that fewer youth experiencing substance abuse would receive needed treatment. Based on the limited information that was available from HSRS, project counties appear to serve a greater proportion of the adolescent population than were served in the three comparison counties of Ashland, Oconto and Price.

However, keeping this as a separate allocation results in administrative costs related to preparing annual application materials and required progress and evaluation reports. This may not be warranted given the limited funds available. Also the information reported on HSRS suggests that the substance abuse services provided to adolescents in Forest, Oneida and Vilas counties are not any more effective than the services provided in similar counties that do not receive special allocations for adolescent substance abuse treatment. Fewer of the

[11] 2004 Application Narrative, Adolescent AODA Treatment, Forest, Oneida and Vilas counties.

adolescents discharged were discharged “with improvement” in Forest, Oneida and Vilas counties than in Price, Oconto and Ashland counties (43% and 57% respectively). The percent discharged “abstinent” was also lower (37% versus 52%).

If the separate allocation is maintained, the following options are available for making the program more accountable:

- Program design. The program will be more accountable if its mission and services are clearly defined. Assuming that the purpose of the funds is adolescent substance abuse treatment, Central Office staff should work with Human Service Center staff to ensure that these funds are solely dedicated to adolescent substance abuse treatment as specified in the initial legislation rather than also using the funds for related objectives such as prevention or community education efforts. It is estimated that the limited ($50,000) funding available can support substance abuse treatment services for approximately 33 youth per year. Program staff report that there are very limited resources available in the counties to support adolescent substance abuse treatment and that there is a great need for this service.

- HSRS. Hold counties accountable for reporting on HSRS as is currently required by the State/County Contract addendum. Require that the Human Service Center supply the HSRS identifying numbers of the adolescents who receive services through the $50,000 grant on an annual basis to the Department’s contract manager for this allocation or add a code to HSRS to identify youth receiving services through this grant.

  Central office staff should annually summarize HSRS data on youth served through this grant and review it to assess the effectiveness of the services provided.

  The contracts that Forest, Oneida and Vilas counties have with adolescent substance abuse treatment providers should be amended to specifically require reporting on HSRS. The contract requirement should require reporting for youth receiving outpatient treatment as well as group treatment and any additional adolescent substance abuse treatment services included in the grant program in the future. This could be accomplished by adding a statement similar to the statement detailing HSRS reporting requirements that is currently included in the Human Service Center’s outpatient treatment services authorization procedure.

- Adolescent Outcomes Tool. An alternative to requiring that counties report on HSRS would be to require that the Adolescent Outcomes Profile for Substance Abuse Treatment Programs tool be completed for all youth receiving services through this allocation. This requirement would need to apply to all outpatient adolescent substance abuse treatment providers, not just to Koller Behavioral Health as was the case recently. It also would need to require that the tool be completed at least on a pre and post treatment basis. Provisions would also be needed for Department staff to process and analyze this information to assess program effectiveness.

- POSIT. If HSRS reporting is implemented, or if the alternative Adolescent Outcomes Profile for Substance Abuse Treatment Programs tool is adopted and used on a pre and post basis, it is not recommended that the POSIT be used as an evaluation tool for the

adolescent substance abuse treatment $50,000 allocation. The POSIT can continue to be used as a screening tool for youth through the Juvenile Justice grant/court system.

- Annual and quarterly progress reporting. The State/County Contract requirement for counties to submit quarterly and annual progress reports using the #389 report format should either be enforced or deleted from the State/County Contract addendum for the Adolescent AODA Treatment Program $50,000 allocation. If Central Office staff analyze data from HSRS (or from the Outcome Profile tool) on an annual or quarterly basis, this may meet the Department's needs for information about counties' use of the $50,000 allocation.

Appendix A. State and County Contract Addendum for Adolescent Substance Abuse Treatment Program

Appendix B. Adolescent Outcomes Profile for Substance Abuse Treatment Programs

Appendix C. AODA Funding for Wisconsin Counties

Appendix A

STATE OF WISCONSIN
Department of Health and Family Services
Division of Disability and Elder Services

State Copy _____
County Copy _____
County: Forest/Oneida/Vilas
Profile 588

APPENDIX AG TO 2005 STATE AND COUNTY CONTRACT
FOR SOCIAL SERVICES AND COMMUNITY PROGRAMS

Appendix Title: Adolescent Alcohol and Other Drug Abuse (AODA) Treatment Center

It is further understood and agreed by both parties through this attachment to the CY 2005 "State and County Contract Covering Social Services and Community Programs" that:

I. Additional Funds Provided/Period Covered

Funds in the amount identified in this Contract are provided by the Department to the County for the period January 1, 2005 through December 31, 2005.

II. Purpose and Service Conditions on the Use of the Additional Funds

A. Scope of Services: These additional funds shall be used by the counties for the costs of service incurred in providing adolescent AODA treatment.

B. Priority of Admission: The County shall offer priority admission either through immediate admission or priority placement on a waiting list to pregnant women. The County will provide interim services to pregnant women on a waiting list. If the County has insufficient capacity to provide interim services, the County will immediately notify the Department's contract administrator to coordinate these interim services.

C. Activities Allowed or Unallowed

l. Grant funds shall not be used to provide inpatient hospital services except when it is determined by a physician that: (a) the primary diagnosis of the individual is substance abuse and the physician certifies this fact; (b) the individual cannot be safely treated in a community based non-hospital, residential treatment program; (c) the service can reasonably be expected to improve an individual's condition or level of functioning; and (d) the hospital based substance abuse program follows national standards of professional substance abuse practice. Additionally, the daily rate of payment provided to the hospital for providing the services to the individual cannot exceed the comparable daily rate provided for community based non-hospital residential programs of treatment for substance abuse and the grant may be expended for such services only to the extent that it is medically necessary (i.e., only for those days that the patient cannot be safely treated in a residential community based program) (42 USC 300x-31 (a) and (b); 45 CFR sections 96.135(a)(1) and (c)).

2. Grant funds may be used for loans from a revolving loan fund for provision of housing in which individuals recovering from alcohol and drug abuse may reside in groups. Individual loans may not exceed $4000 (45 CFR section 96.129).

3. Grant funds shall not be used to make cash payments to intended recipients of health services (42 USC 300x-31(a); 45 CFR section 96.135(a)(2)).

4. Grant funds shall not be used to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or any other

facility, or purchase major medical equipment. The Secretary may provide a waiver of the restriction for the construction of a new facility or rehabilitation of an existing facility, but not for land acquisition (42 USC 300x-31(a); 45 CFR sections 96.135(a)(3) and (d)).

5. Grant funds shall not be used to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funding (42 USC 300x-31(a); 45 CFR section 96.135(a)(4)).

6. Grant funds may not be used to provide financial assistance (i.e., a subgrant) to any entity other than a public or non-profit entity. A State is not precluded from entering into a procurement contract for services, since payments under such a contract are not financial assistance to the contractor (42 USC 300x-31(a); 45 CFR section 96.135 (a)(5)).

7. Grant funds shall not be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs (42 USC 300ee-5; 45 CFR section 96.135 (a)(6) and Pub. L. No. 106-113, section 505).

8. Grant funds may not be used to enforce State laws regarding sale of tobacco products to individuals under age of 18, except that grant funds may be expended from the primary prevention set-aside of Substance Abuse Prevention and Treatment Block Grant under 45 CFR section 96.124(b)(1) for carrying out the administrative aspects of the requirements such as the development of the sample design and the conducting of the inspections (45 CFR section 96.130 (j)).

9. No funds provided directly from Substance Abuse Mental Health Services Administration or the relevant State or local government to organizations participating in applicable programs may be expended for inherently religious activities, such as worship, religious instruction, or proselytization (42 USC 300x-65 and 42 USC 290kk; 42 CFR section 54.4).

III. Fiscal Conditions on the Earnings of the Additional Funds

These additional funds are earned under the following conditions:

A. In accordance with your application goals and objectives and budget.

B. The Department shall apply these conditions in determining the close of the contract. The amount of a subsequent audit adjustment on the funds in this contract shall be based exclusively upon these conditions.

IV. Fiscal and Client Reporting on the Use of the Additional Funds

A. During the time period specified in I above and under the conditions outlined in II above.

B. Clients served by use of these funds shall be reported to the Department as on the Human Services Reporting System (fiscal and client utilization data).

C. Use of these funds shall be reported to the Department on the DMT Form 600 (Profile #588) and the DDE 942 and 943 Forms according to the schedule outlined in the State/County Contract.

D. Quarterly program and progress reports on each program goal and objective including fiscal reports on budget line items shall be submitted to the Bureau of Mental Health and

Substance Abuse Services by April 30, July 30 and October 30 in a format provided by the Bureau of Mental Health and Substance Abuse Services (Form #DSL 389).

E. An annual program report must be submitted to the Bureau of Mental Health and Substance Abuse Services within 30 days after the calendar year of program operations in a format provided by the Bureau of Mental Health and Substance Abuse Services.

F. Failure to report these funds and the clients served by them as specified above may result in the loss of these funds by the County and their repayment by the County to the Department.

V. Payment Procedures

These funds shall be paid in accordance with the State and County Contract.

VI. Availability of Funds

The Department shall pay the County for the services it provides or purchases as set forth in this contract within the limits of funds appropriated.

Appendix/adolescent AODA treatment BASE/ adolescent AODA treatment05

Appendix B

ADOLESCENT OUTCOMES PROFILE FOR SUBSTANCE ABUSE TREATMENT PROGRAMS (p. 1)

Client ID #	Service Modality	Admit Date	Discharge Date	Units of Service	Discharge Reason
Provider Code:	1 [ ]	1 __/__/__	1 ___/___/___	1 [ ]	1 [ ]
Admission Type:	2 [ ]	2 __/__/__	2 ___/___/___	2 [ ]	2 [ ]
Gender: Ethnicity:	3 [ ]	3 __/__/__	3 ___/___/___	3 [ ]	3 [ ]
Age: Diagnosis:	4 [ ]	4 __/__/__	4 ___/___/___	4 [ ]	4 [ ]

Instructions: Using legitimate, verifiable information from record sources, drug testing, the client, family, significant others, or professionals, record the following for the time period just prior to admission, at discharge (or shortly thereafter), and six months post-discharge. Unless otherwise indicated, check only 1 box. Unless otherwise indicated, outcomes should be recorded as the client's current status.

Outcome	**Staff**_____ **First Service Admission**	**Staff**_____ **Last Service Discharge**	**Staff**_____ **4 to 6 Months Post Discharge** Date ____/____/____
Positive Perception of Services Received			Did you like the help you were getting? [1] Yes, definitely [2] Somewhat [3] No [9] Unknown Did you get the right kind of help? [1] Yes, definitely [2] Somewhat [3] No [9] Unknown Have the services helped you with your life? [1] Yes, definitely [2] Somewhat [3] No [9] Unknown How could we improve our services for you personally? (use bottom of form)
Safe, Stable, Recovery-Appropriate Home	Lived past 6 months: 1 Own home or apartment 2 With parent(s) 3 With relative(s) 4 Friend(s) home 5 Foster or Group home, halfway house 6 Institution 7 Shelter 8 On the street, no fixed address 9 Unknown [1] One of the above [2] Two of the above [3] Three or more [9] Unknown Current place _____ (code from above 1-9) Place causes trouble or difficulties in recovery: [1] Not at all [2] Slightly (some) [3] Moderately (in between) [4] Extremely (a lot) [9] Unknown Happy with living situation: [1] Very happy [2] Somewhat happy [3] Somewhat unhappy [4] Very unhappy [9] Unknown	Lived since admission: 1 Own home or apartment 2 With parent(s) 3 With relative(s) 4 Friend(s) home 5 Foster or Group home, halfway house 6 Institution 7 Shelter 8 On the street, no fixed address 9 Unknown [1] One of the above [2] Two of the above [3] Three or more [9] Unknown Current place _____ (code from above 1-9) Place causes trouble or difficulties in recovery: [1] Not at all [2] Slightly (some) [3] Moderately (in between) [4] Extremely (a lot) [9] Unknown Happy with living situation: [1] Very happy [2] Somewhat happy [3] Somewhat unhappy [4] Very unhappy [9] Unknown	Lived since discharge: 1 Own home or apartment 2 With parent(s) 3 With relative(s) 4 Friend(s) home 5 Foster or Group home, halfway house 6 Institution 7 Shelter 8 On the street, no fixed address 9 Unknown [1] One of the above [2] Two of the above [3] Three or more [9] Unknown Current place _____ (code from above 1-9) Place causes trouble or difficulties in recovery: [1] Not at all [2] Slightly (some) [3] Moderately (in between) [4] Extremely (a lot) [9] Unknown Happy with living situation: [1] Very happy [2] Somewhat happy [3] Somewhat unhappy [4] Very unhappy [9] Unknown

Client ID #: _______________ (p. 2)

Positive Family Interactions or Relationships	Past 30 days, serious conflicts or quarrels with immediate family members: [1] Not at all [2] Rarely (one brief occasion) [3] On a few occasions (2-3) [4] On many occasions (1 or more times a week; withdrawn; ran away) [9] Unknown Troubled about family problems: [1] Not at all [2] Slightly (a little bit; some) [3] Moderately (in between; medium) [4] Extremely (a big problem; a lot) [9] Unknown	Past 30 days, serious conflicts or quarrels with immediate family members: [1] Not at all [2] Rarely (one brief occasion) [3] On a few occasions (2-3) [4] On many occasions (1 or more times a week; withdrawn; ran away) [9] Unknown Troubled about family problems: [1] Not at all [2] Slightly (a little bit; some) [3] Moderately (in between; medium) [4] Extremely (a big problem; a lot) [9] Unknown	Past 30 days, serious conflicts or quarrels with immediate family members: [1] Not at all [2] Rarely (one brief occasion) [3] On a few occasions (2-3) [4] On many occasions (1 or more times a week; withdrawn; ran away) [9] Unknown Troubled about family problems: [1] Not at all [2] Slightly (a little bit; some) [3] Moderately (in between; medium) [4] Extremely (a big problem; a lot) [9] Unknown
Motivated to Recover	Importance of recovery: [1] Not at all [2] Slightly (some) [3] Moderately (in between) [4] Extremely (very) [5] Has cut down or quit using [9] Unknown	Importance of recovery: [1] Not at all [2] Slightly (some) [3] Moderately (in between) [4] Extremely (very) [5] Has cut down or quit using [9] Unknown	Importance of recovery: [1] Not at all [2] Slightly (some) [3] Moderately (in between) [4] Extremely (very) [5] has cut down or quit using [9] Unknown
Abstinent or Reduced Use of Substances	Substance(s) Used (past 30 days; check up to 3 boxes): [1] alcohol [2] pain killers [3] sleeping pills [4] tranquilizers [5] stimulants [6] marijuana [7] cocaine [8] heroin [9] hallucinogens [10] inhalants [11] other ______________________ [12] none [99] unknown ____ # days drinking or using drugs in past 30 days (or prior to controlled setting) 99 unkn	Substance(s) Used (past 30 days; check up to 3 boxes): [1] alcohol [2] pain killers [3] sleeping pills [4] tranquilizers [5] stimulants [6] marijuana [7] cocaine [8] heroin [9] hallucinogens [10] inhalants [11] other ______________________ [12] none [99] unknown ____ # days drinking or using drugs in past 30 days (99 unkn)	Substance(s) Used (past 30 days; check up to 3 boxes): [1] alcohol [2] pain killers [3] sleeping pills [4] tranquilizers [5] stimulants [6] marijuana [7] cocaine [8] heroin [9] hallucinogens [10] inhalants [11] other ______________________ [12] none [99] unknown ____ # days drinking or using drugs in past 30 days (99 unkn)
No New or Reduced Contact with the Juvenile or Criminal Justice System	Under supervision? [1] Yes [2] No [9] Unknown Within past 6 months: # citations or tickets ______ # arrests for delinquent acts, crimes, or violations ______ (99 unkn)	Under supervision? [1] Yes [2] No [9] Unknown Since admission: # citations or tickets ______ # arrests for delinquent acts, crimes, or violations ______ (99 unkn)	Under supervision? [1] Yes [2] No [9] Unknown Since discharge: # citations or tickets ______ # arrests for delinquent acts, crimes, or violations ______ (99 unkn)

NOTES (ways services could be improved; respondent cooperativeness; honesty; reason information not gathered; etc.):
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AODA Funding to Wisconsin Counties

AODA Funding for Counties

2005-2006

	County	IV Drug Profile ID 585	AODA Block Grant Profile ID 570	Healthy Begin-nings Profile ID 502	Sub-stance Abuse Treat-ment TANF Profile ID 535	Brighter Futures Profile ID 540	Urban Black Hispanic Treatment Profile ID 543	Women's AODA Treat ment Profile ID 545	Urban Rural Women's AODA Treat-ment Profile ID 547	Treat-ment Alter-native Program Profile ID 576	AODA Juvenile Justice Profile ID 579	Services to Persons in Treat-ment Profile ID 582	AODA Treat-ment Center Profile ID 588	AODA Inner City Profile ID 589	Milwaukee Child welfare	Emergency Supple-mental Intoxicated Driver Program (IDP)	Drug Abuse Program Improve-ment Surcharge (DAPIS)	County Allocation Total	Population 1/01/04	Per capita
	Adams		34,248															**34,248**	20,707	$1.65
	Ashland		28,276													33,136		**61,412**	16,969	$3.62
	Barron		79,713													19,051		**98,764**	46,540	$2.12
	Bayfield		35,262															**35,262**	15,575	$2.26
1	Brown	100,000	365,279														10,000	**475,279**	**237,841**	$2.00
	Buffalo		23,204															**23,204**	14,033	$1.65
	Burnett		28,760															**28,760**	16,398	$1.75
	Calumet		46,328															**46,328**	44,361	$1.04
	Chippewa		96,341															**96,341**	59,466	$1.62
	Clark		55,026													6,682		**61,708**	34,373	$1.80
	Columbia		77,128															**77,128**	54,596	$1.41
	Crawford		32,086															**32,086**	17,501	$1.83
2	Dane	603,600	650,692	175,000				235,000	466,611	373,207	223,801	45,000		107,162		8,130	144,306	**3,032,509**	**450,730**	$6.73
	Dodge		111,966															**111,966**	88,285	$1.27
	Door		46,219													58,411		**104,630**	29,114	$3.59
	Douglas		110,750			64,067			96,018									**270,835**	43,708	$6.20
	Dunn		69,453								38,261							**107,714**	41,737	$2.58
3	Eau Claire	30,000	189,338							241,830	99,104	11,000						**571,272**	**96,214**	$5.94
	Florence		8,512															**8,512**	5,214	$1.63
	Fond du Lac		153,543						108,395		29,349							**291,287**	99,608	$2.92
	Forest					50,000												**50,000**	10,198	$4.90
	Forest/Oneida/Vilas		135,306						401,574		140,448		50,000					**727,328**		
	Grant																	**0**	50,552	$0.00
	Grant/Iowa		107,759															**107,759**		
	Green		45,365													51,983		**97,348**	35,163	$2.77
	Green Lake		32,340															**32,340**	19,344	$1.67
	Iowa																	**0**	23,639	$0.00
	Iron		7,985			50,000												**57,985**	6,948	$8.35
	Jackson		39,385															**39,385**	19,677	$2.00
	Jefferson		109,299															**109,299**	78,342	$1.40
	Juneau		42,890													24,495		**67,385**	25,470	$2.65
4	Kenosha	155,000	326,821			205,938					151,510	35,000		107,162				**981,431**	**156,082**	$6.29
	Kewaunee		26,797													70,456		**97,253**	20,860	$4.66
5	LaCrosse	55,000	204,793									36,000						**295,793**	**109,616**	$2.70
	LaFayette		22,055															**22,055**	16,311	$1.35
	Langlade																	**0**	21,227	$0.00
	Lincoln/Langlade/Marathon		297,162													97,949		**395,111**		
	Lincoln																	**0**	30,271	$0.00
	Manitowoc		140,547															**140,547**	84,264	$1.67
	Marathon																	**0**	129,962	$0.00
	Marinette		75,173													68,858		**144,031**	44,204	$3.26
	Marquette		23,939														165,830	**189,769**	15,051	$12.61
	Menominee		41,427													3,933		**45,360**	4,616	$9.83
6	Milwaukee	920,000	2,431,021		5,000,000						453,554	68,800			1,583,000			**10,456,375**	**939,358**	$11.13
	Monroe		71,115													17,892		**89,007**	42,626	$2.09
	Oconto		48,966															**48,966**	37,679	$1.30
	Oneida															161,098		**161,098**	37,726	$4.27
	Outagamie		236,002								75,257							**311,259**	168,840	$1.84
	Ozaukee		85,354															**85,354**	85,160	$1.00

AODA Funding to Wisconsin Counties

	Pepin		11,569															**11,569**	7,568	$1.53
	Pierce		51,163													89,373		**140,536**	38,615	$3.64
	Polk		68,628													66,185		**134,813**	43,870	$3.07
	Portage		111,625								128,716					40,750	10,000	**291,091**	68,935	$4.22
	Price		19,379													24,971		**44,350**	15,954	$2.78
7	Racine	145,000	500,171			291,641								107,162				**1,043,974**	**191,853**	$5.44
	Richland		32,819															**32,819**	18,098	$1.81
8	Rock	185,000	343,850			227,088				322,563				107,162		14,170	10,000	**1,209,833**	**155,536**	$7.78
	Rusk		30,407															**30,407**	15,512	$1.96
	Sauk		82,089															**82,089**	58,595	$1.40
	Sawyer		50,065															**50,065**	17,027	$2.94
	Shawano		73,720															**73,720**	41,944	$1.76
	Sheboygan		178,215															**178,215**	115,447	$1.54
	St. Croix		70,176															**70,176**	72,522	$0.97
	Taylor		31,092															**31,092**	19,872	$1.56
	Trempealeau		43,091															**43,091**	27,765	$1.55
	Vernon		44,268															**44,268**	28,928	$1.53
	Vilas																	**0**	21,966	$0.00
9	Walworth	125,000	118,911			107,843												**351,754**	**97,052**	$3.62
	Washburn		27,842													18,371		**46,213**	16,762	$2.76
	Washington		131,927						216,790							21,339		**370,056**	123,587	$2.99
10	Waukesha	90,000	421,473				100,000					38,000					10,000	**659,473**	**373,339**	$1.77
	Waupaca		80,798															**80,798**	53,148	$1.52
	Waushara		37,207													67,258		**104,465**	24,806	$4.21
	Winnebago		253,027			202,723						16,200						**471,950**	161,863	$2.92
	Wood		128,563													35,509	84,000	**248,072**	76,235	$3.25
	Total Allocation	**2,408,600**	**9,735,700**	**175,000**	**5,000,000**	**1,199,300**	**100,000**	**235,000**	**1,289,388**	**937,600**	**1,340,000**	**250,000**	**50,000**	**428,648**	**1,583,000**	**1,000,000**	**434,136**	**26,166,372**	**5,532,955**	$4.73